

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

BUREAU OF VITAL STATISTICS			ARIZONA STATE BOARD OF HEALTH		STANDARD CERTIFICATE OF DEATH	
1. PLACE OF DEATH					State File No. <u>113</u>	
County <u>Graham</u> State <u>Arizona</u>					Registered No. <u>74</u>	
District or Township <u>Safford</u> or Village						
City <u>Pima</u> No. _____ St. _____ Ward _____					(If death occurred in a hospital or institution, give its NAME instead of street and number).	
2. FULL NAME <u>Elizabeth Cluff</u>						
(a) Residence, No. _____ (Usual place of abode)					St. _____ Ward _____	
Length of residence in city or town where death occurred <u>1</u> yrs. <u>8</u> mos. <u>25</u> ds.					How long in U. S. if of foreign birth? yrs. mos. ds.	
PERSONAL AND STATISTICAL PARTICULARS						
3. SEX <u>Female</u>	4. COLOR or RACE <u>White-American</u>	5. SINGLE, MARRIED, WIDOWED or DIVORCED. (Write the word) <u>—</u>				
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>—</u>						
6. DATE OF BIRTH (month, day and year) <u>Oct-24-1926</u>						
7. AGE	Years <u>1</u>	Months <u>8</u>	Days <u>25</u>	IF LESS than 1 day _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED						
(a) Trade, profession, or particular kind of work <u>—</u>						
(b) General nature of industry, business or establishment in which employed (or employer) <u>—</u>						
(c) Name of employer <u>Pima</u>						
9. BIRTHPLACE (city or town) <u>Pima</u> (State or country) <u>Arizona</u>						
10. NAME OF FATHER <u>Earl Cluff</u>						
11. BIRTHPLACE OF FATHER <u>Pima, Ariz</u> (city or town) (State or country)						
12. MAIDEN NAME OF MOTHER <u>Freda E Lines</u>						
13. BIRTHPLACE OF MOTHER <u>Pima</u> (city or town) (State or country)						
14. Informant <u>Earl Cluff</u> (Address) <u>Pima</u>						
15. Filed <u>Aug-8-1928</u> <u>J. W. Stratton</u> Registrar.						
MEDICAL CERTIFICATE OF DEATH						
16. DATE OF DEATH <u>July 18-1928</u> Month Day Year						
17. I HEREBY CERTIFY, That I attended deceased from <u>July 14</u> , 19 <u>28</u> to <u>July 18</u> , 19 <u>28</u> , that I last saw him alive on <u>July 18</u> , 19 <u>28</u> , and that death occurred, on the date stated above, at <u>8</u> p. m. The CAUSE OF DEATH* was as follows: <u>Acute interstitial</u>						
(duration) _____ yrs. _____ mos. _____ ds.						
CONTRIBUTORY (Secondary) <u>An acute indigestion from Eating green fruit & sweetened potatoes</u> (duration) _____ yrs. _____ mos. _____ ds.						
18. Where was disease contracted <u>Pima</u> If not at place of death? _____						
Did an operation precede death? <u>no</u> Date of _____						
Was there an autopsy? <u>no</u>						
What test confirmed diagnosis? _____						
(Signed) <u>Blakely, J. W.</u> M. D. (Address) <u>19</u>						
* State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space).						
19. PLACE OF BURIAL, CREMATION OR REMOVAL <u>Pima Cemetery</u>					DATE OF BURIAL <u>7/19/28</u>	
20. UNDERTAKER <u>Earl Cluff</u>					ADDRESS <u>Pima, Ariz</u>	